

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000000689

1. Entity Name

LENMAN OVERSEAS INCORPORATED



Principal Place of Business

C/O SHUTTS & BOWEN LLP///ATTN: JCD
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

Mailing Address

C/O SHUTTS & BOWEN LLP///ATTN: JCD
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131



03042008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0785268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
ATTN: JCD
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, ANNE
STREET ADDRESS PASEA ESTATE P.O. BOX 958, ROAD TOWN
CITY-ST-ZIP TORTOLA, BR VIRGIN ISLANDS,

TITLE VD
NAME RICHARDSON, KAY-LINDA
STREET ADDRESS PASEA ESTATE, POB 958, ROAD TOWN
CITY-ST-ZIP TORTOLA, BR VIRGIN ISLANDS,

TITLE AS
NAME DIBBS, JEAN-CHARLES ESQ.
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/10/08-80029-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean-Charles Dibbs

3-4-08

Date

305-379-9192

Daytime Phone #